

PATENT PROSECUTION RECEIPT OF FILING

142467

Venable Filing Number

Atty. Docket No: 42339-199894

Title of Application: REMOTE MANAGEMENT AND PROVISIONING OF A SYSTEM ACROSS A NETWORK BASED CONNECTION

Application No: 10/812,019

Patent No. :

Attorney/LAA: CJS:cja

PTO Due Date:

Current Date: October 12, 2007

Filing Date: March 30, 2004

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ Transmittal Form SB-21
- ☒ Fee Transmittal Form SB-17
- ☐ New U.S. Patent Application
(____ pages of specification/claims)
- ☐ Rule 53(d) Continued Prosecution Application
- ☐ Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
- ☐ U.S. National Stage Application of PCT Application
- ☐ Request for Continued Examination (RCE) under 37 CFR 1.114
- ☐ Application Data Sheet
- ☐ Substitute Specification
- ☐ Priority Document-Cert. Copy of
- ☐ Appln.#:____; Country:____; Date Filed:____
- ☐ Formal Drawings (____ sheets, Figs.)
- ☐ Inventor Declaration
- ☐ Assignment w/Cover Sheet
- ☐ Response to Notice to File Missing Parts
- ☐ Response to Notice to File Missing Requirements
- ☐ Response to Requirement
- ☒ Yellow filing receipt
- ☒ Amendment Transmittal
- ☒ Amendment
- ☐ Petition/Request for Extension of Time (mo. ext.)
- ☐ Power of Attorney
- ☐ Terminal Disclaimer
- ☐ Notice of Appeal
- ☐ Appeal Brief (in triplicate) / Reply Brief (in triplicate)
- ☐ Request for Oral Hearing
- ☐ Confirmation of Hearing Petition
- ☐ Issue Fee Transmittal
- ☐ Certificate of Correction
- ☐ Maintenance Fee Transmittal
- ☐ Status Inquiry
- ☐ Other: (Please describe below)

____ Filing Fee

____ Search Fee

____ Examination Fee

____ Additional Claim Fee

____ Extension Fee

____ IDS Fee

____ Recordation Fee

____ Notice of Appeal Fee

____ Brief on Appeal

____ Oral Hearing Request Fee

____ Petition Fee

____ Issue Fee

____ Maintenance Fee

____ Other Fees (Describe)

0.00 **Total Fees Paid**

Charge the above fees as follows:

☐ USPTO Deposit Account No. 22-0261

☐ USPTO Deposit Account No. _____

☒ USPTO not to charge any Deposit Account

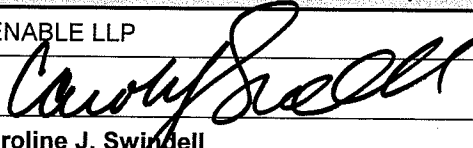
Reviewed By:

Signature of Attorney

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/812,019-Conf. #2791
	Filing Date	March 30, 2004
	First Named Inventor	Vincent J. Zimmer
	Art Unit	2136
	Examiner Name	D. G. Cervetti
Total Number of Pages in This Submission	Attorney Docket Number	42339-199894

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Yellow Filing Receipt <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-bottom: 5px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	VENABLE LLP	
Signature		
Printed name	Caroline J. Swindell	
Date	October 12, 2007	Reg. No. 56,784

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/812,019-Conf. #2791
		Filing Date	March 30, 2004
		First Named Inventor	Vincent J. Zimmer
		Examiner Name	D. G. Cervetti
		Art Unit	2136
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	42339-199894

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u>	Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	210	105					
Multiple dependent claims	370	185					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
17	21	0	0.00	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
5	7	0	0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,784
Name (Print/Type)	Caroline J. Swindell	Telephone	(703) 760-1676
		Date	10/12/2007

AMENDMENT TRANSMITTAL LETTER				Docket No. 42339-199894	
Application No. 10/812,019-Conf. #2791		Filing Date March 30, 2004		Examiner D. G. Cervetti	
				Art Unit 2136	

Applicant(s): Zimmer et al.

Invention: **REMOTE MANAGEMENT AND PROVISIONING OF A SYSTEM
ACROSS A NETWORK BASED CONNECTION**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 21 =	0	x 50.00	0.00
Independent Claims	5	- 7 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Caroline J. Swindell
Attorney/Agent Reg. No.: 56,784

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Dated: 10/12/2007

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